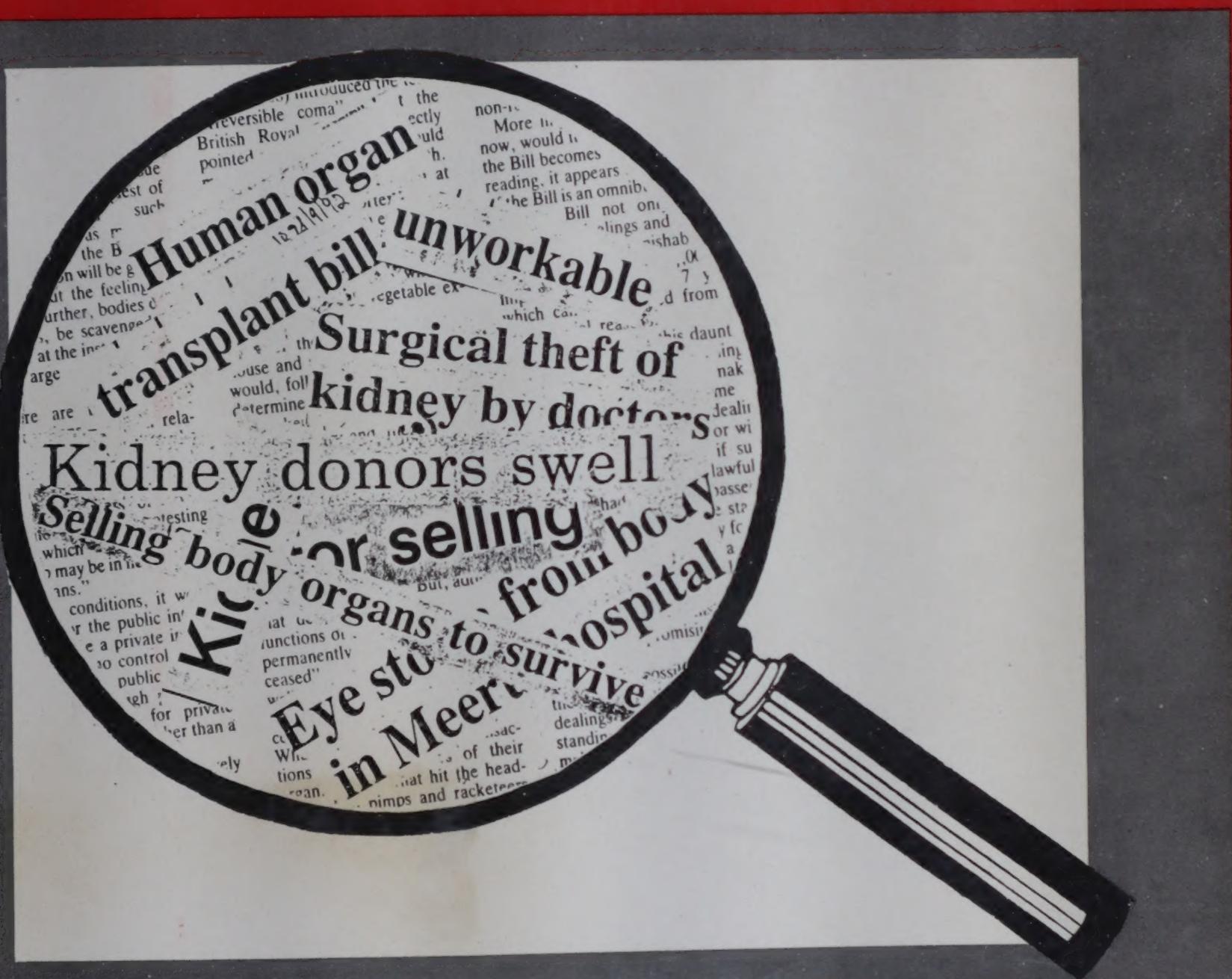


TRADING OF ORGANS NEED FOR A COMPREHENSIVE POLICY



VOLUNTARY HEALTH ASSOCIATION OF INDIA

0464-

Community Health Cell
Library and Documentation Unit
BANGALORE

TRADING OF ORGANS NEED FOR A COMPREHENSIVE POLICY

**Rama V. Baru
Priya Nanda**



VOLUNTARY HEALTH ASSOCIATION OF INDIA, NEW DELHI
Tong Swasthya Bhavan
40, Institutional Area, Near Qutab Hotel, New Delhi 110 016, INDIA

The information contained in this book is compiled from various sources and every effort has been made to ensure its accuracy. However, we cannot take responsibility for any error or omissions made due to our having to depend on secondary sources also. It is extremely difficult to obtain authentic information easily from reliable sources and if there are any omissions it merely highlights the urgency and the need to ensure easy availability of unbiased information from official sources.

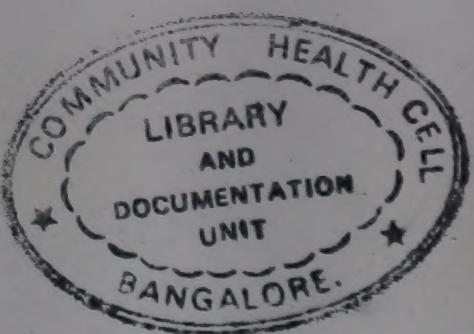
Information in this book is for dissemination and discussion. Anybody can use and reuse it through any medium provided proper acknowledgement is made to Vhai.

First Published February 1993

© Voluntary Health Association of India
40, Institutional Area
South of IIT
New Delhi 110016
Phone: 668071, 668072, 665018, 655871, 652953

Cover by : Boney
Layout and Composing : Burman Graphics, Janak Puri.
Production : Vhai, Communications

Printed at Sona Printers Pvt. Ltd. B-181 Okhla Ph-1, N.D.-20. Ph: 6811313-4-5-6



04643
HP-100

ACKNOWLEDGEMENTS

The major contribution in compilation of this report was done by the PUBLIC POLICY DIVISION of Voluntary Health Association of India. We have used information from newspapers as well as journals towards the compilation of this report.

Our sincere thanks to the entire Public Policy Division, specially to Dr.Unnikrishnan, Mr.Prabhakar Rao, Ms. Jessy George, Mr. Suresh Chauhan, Ms. Fiona Dias, Ms. Mini Sekharan, Mr. Vikramjit Singh and Mr. Sanjoy Sengupta for their secretarial and general assistance. Our thanks to Dr. Mira Shiva, Head, Public Policy Division, for her support and encouragement.

We would like to acknowledge the contribution of the Communication and Information Divisions towards the production of this publication.

New Delhi
February, 1993

Rama V. Baru
Priya Nanda

The Trading of Organs: Need for a Comprehensive Policy

The trading of organs has received much attention in the media of late and from all accounts the money involved in these transactions ranges from Rs 25,000 to over a lakh rupees. One of the major organs being traded is the kidney. It is estimated that almost 2,000 or more are being sold every year. There is a considerable need for kidneys since nearly 80,000 people suffer from renal failure every year in India. Although the trading of organs is not a recent phenomenon, the last decade has seen a more prominent role of the private sector in the commercialisation of the organ trade. It is difficult to estimate the number of transplants done in the major cities since most of them are conducted in small nursing homes and some large hospitals in the private sector. Similarly, in the case of corneal transplants there have been reports of illegal sale of corneas.

In the light of criticism from Professionals and Foundations dealing with organ transplants, the Government has formulated *The Transplantation of Human Organ Bill, 1992*, "to provide for regulation of removal, storage and transplantation of human organs for therapeutic purposes and for the prevention of commercial dealings in human organs".

In this booklet we propose to analyse the following issues:

1. A review of the state of organ trade in India, which will broadly cover mechanisms of the trade and case studies of socio-economic compulsions of donors of kidneys. In addition, we will highlight the social and ethical dimensions of both cadaver and unrelated donor transplants.
2. A discussion of the prominent features of the Bill, which is still to be introduced in the Parliament.
3. Issues regarding the alternatives to organ trade.
4. A critique of the Bill given the various dimensions of the organ trade.

I. STATE OF ORGAN TRADE

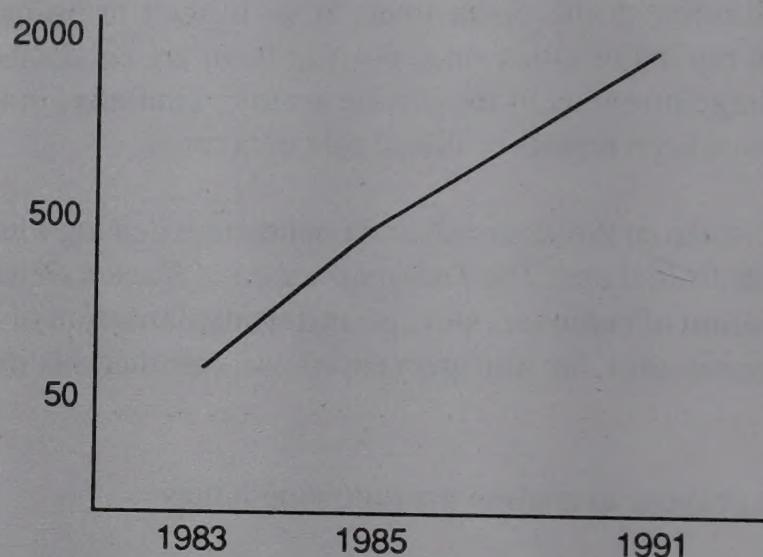
How Does the Organ Trade Work?

The organ trade is facilitated through a well worked out circuit, in which middlemen are a key contact between doctors, recipients and donors. These middlemen play an important role in identifying the donor as well as getting in touch with the professionals and the recipients. In Madras, which has emerged as one of the leading centres for kidney trade, these middlemen visit low income areas in the suburbs, as representatives of different private hospitals in search of potential donors. After 'willing' donors are identified, they are taken for routine blood and urine tests, in order to facilitate organ matching between a donor and a prospective recipient. When the deal is struck, middlemen take a cut which ranges from an amount of Rs 1,000 to as much as Rs 20,000.

It is estimated that each year more than 2,000 live donors, who are in dire need of cash, sell their organs. The sale price of a kidney varies between Rs 15,000 to Rs 50,000. According to one transplant surgeon, the kidney business in India is worth Rs. 400 million.

The following graph illustrates the increasing trend in the trade of kidneys during the past decade.

Growth of Trade in Kidneys: 1983-1991.



Costs Involved

The average cost of a kidney transplant is around \$7000 (nearly Rs two lakhs) which is about 40% cheaper than a similar operation in the West. It is estimated that almost every agent and doctor involved in the trade of kidneys makes a profit of Rs one lakh per month. An alternative to renal transplants is keeping the patient on dialysis. However, there are only around 650 dialysis centres across the country, which barely support a fifth of the estimated 80,000 cases of renal failure every year. Additionally, dialysis is an expensive option, with an average monthly cost in the range of Rs 5,000-8,000, which is often beyond the reach of most.

Table I

The Price Tag For Various Parts of the Body	
Organ	Price (in Rs)
Live Donor Kidney	30,000
Live Cornea	80,000
Skin (per patch)	1,000
Skeleton	10,000

Source: 'The Organ Bazar' India Today July 31, 1990.

Organ Trade and Private Hospitals

It is clear from various reports that majority of organ transplants, mainly kidney and eye, are carried out in private nursing homes and hospitals. Earlier, many of the larger hospitals were conducting transplants by encouraging their patients to buy kidneys. In the wake of public pressure against the commercial trade of organs, some of these larger hospitals agreed to undertake only donor related transplants.

Dr. P.C. Reddy, Chairman of Apollo Hospital, Madras, claims to have done 750 renal transplants between 1984-91. As he says, his hospital relies solely on related donors because "the paid donor system gives scope for malpractices, and when doctors are involved in trading, the whole thing can become unpleasant."

However the number of such hospitals is small and therefore has not succeeded in breaking the nexus between the professionals, middlemen and patients. **The trade and transplant of kidneys is no longer restricted to either large hospitals or cities. In fact several cities and towns have witnessed the mushrooming of private nursing homes especially for the purpose of transplants. Majority of these nursing homes neither have the required infrastructure nor the professional competence to undertake transplant surgeries.** In Bombay and Madras alone, over a score of such hospitals have come up in the past two years.

What do Professionals say?

Is the trading of organs such a repugnant act? As far as medical ethics is concerned, we know that it does serve to alleviate the suffering of a person with renal failure. The question however is, should this suffering be alleviated at the cost of someone who resorts to this channel for earning money?

Madras, which has emerged as the biggest centre for renal transplants, attracts patients from all over India and abroad. Of the two main hospitals that are engaged in this programme — Apollo does transplants with live **related** donors only and the Guest Hospital accepts kidneys from **paid** donors as well. At the Guest Hospital two-thirds of the patients get kidneys from paid donors. Comments **Dr. K.C. Reddy**, a leading Urologist, at Guest Hospital "Of course I would like to take kidneys from related donors but what do I do for patients who have no willing or suitable donors? Do I sit in judgement over the moral and ethical issues involved, while my patient is condemned to die". This justification for a paid donor programme is reiterated by many other doctors, but they are careful to add that, prior to the removal of a kidney from a donor, a systematic screening, psychiatric assessment and counseling programme should be adhered to. At an International Conference of Nephrology, a surgeon from a team of expert transplanters is quoted to say, "—the values gained greatly overshadow the values lost—". However, there are other doctors who feel that commercial trafficking in human organs cannot be justified under the garb of medical ethics. It is shameful that there is a section of the medical community that is complying with unauthorised transplants that are promoted by advanced technology, professional middlemen, and impoverished donors.

DO YOU KNOW THAT:

*There are 80,000 cases of renal failure in India every year.

*The common causes of renal failure are:

- . Infections of the urinary tract and kidney.
- . Presence of kidney stone.
- . Toxic chemicals like mercury, lead, arsenic which are poisonous to the kidney.
- . Certain hazardous drugs which are toxic to the kidneys.
- . Diabetes.
- . Injuries to the kidneys.

Each of the Cases of Kidney Donations has a Story to Tell

It is a tale of economic compulsions for men and women, from the poorer sections, of both rural and urban areas in this country. There are certain areas of this country, where a large number of persons from a community have sold their kidneys for a fairly large sum of money. The major reason for selling their kidney is, their poor living conditions. The case studies also reveal the nexus between the vulnerable patient, who is in dire need of a kidney and is willing to pay any amount for it, the hospital which performs the transplants, and the middlemen who identify the donors who sell their kidney.

Villivakkam, Madras: Vicious Cycle of Debt and Poverty

The case of Villivakkam personifies the extent of commercialisation of organ trade with its strong roots into the socio-economic fabric of the residents of this shantytown. This poor suburb of Madras is now associated with a market of kidney sellers. It has become a site of thriving business for the middlemen, who liaison with donors, recipients, and doctors to carry out this trade. During the last three years nearly 100 families in Villivakkam have shown signs of relative, although moderate prosperity as a result of a member or two selling their kidneys. Touts now are believed to be hanging around this town enticing the unemployed youth with the lure of easy capital. This money, averaging about Rs 25,000, is used by most to payoff previous debts. It may enable them further to buy a bicycle or a TV set and in some cases, where two family members have traded their kidneys, it may give them sufficient money to convert their mud-walled houses to brick ones.

In general, majority of kidney donors fall in the age group of 20-40 and are illiterate or unemployed. This is a cause of concern for the senior residents of Villivakkam, as it is becoming a trend for the unemployed youth to seek this channel of trade rather than a serious search for jobs. While there is the case of Balan, a watchman in a local cinema theatre, who says "it would have taken me three lifetimes to get as much money as I did when I sold my kidney", there are other cases which cast a shadow on this voice of contentment. Venkat, a nursing assistant, initially bought a cycle, a TV set and gambled a sum of Rs 10,000 with the returns from his kidney. He later gambled even the money from selling off his cycle and TV. He is now trying to persuade his wife to sell her kidney too.

If there was a channel to sell other paired organs, the residents of Villivakkam may be sadly compelled by their impoverished circumstances to pursue that too.

Source : India Today, July 31, 1991.

Cheated of a Kidney: Case of Sanaullah Khan, Bombay

While some have sold their kidney for a price there are others who have been cheated of their kidney, as in the case of Sanaullah Khan, a 19 year old youth from Bombay. Sanaullah Khan was suffering from minor stomach ailment and was persuaded by Govind, a supplier of electrical goods, to undergo a blood-urine test at a shady clinic, for his stomach problem. At the clinic, Govind, who is believed to be an agent for supplying kidneys, registered Sanaullah's name as Abdul Khan, brushing the latter's protest. Later on he took Sanaullah to Nanavati Hospital and made him sit on a bench for a few hours. A nurse came and gave him an anesthetic injection, before he was wheeled into the operation theatre. Sanaullah does not remember what happened after that. He regained consciousness only late in the night. The nurse told him "your stomach problems are over now." Sanaullah noticed that he had a long cut on his waist with several stitches. The doctors told him that he would be released in ten days time. The discharge report had a lot of discrepancies about his age and the test reports had also been tampered with. The final report said that he had undergone a donor kidney operation. Shocked by this revelation, Sanaullah's family approached the Superintendent of Nanavati Hospital to complain about the loss of the kidney but were not given any explanation at all.

Source : Indian Express, March 22, 1989.

Job for a Kidney: Case of Nihar Ranjan, Hyderabad

The story of 24 year old Nihar Ranjan Parida, who bartered his kidney for a job, which he ultimately did not get, is heart rending. Nihar Ranjan was the eldest son of a poor school teacher from Balasore in Orissa. He quit his studies after the 12th class, for economic reasons, and tried looking for a job. Meanwhile, his parents got him married, as a result of which his search for a job became even more desperate. He went to Hyderabad to look for a job. While he was there, he came across an advertisement, in one of the local papers, for a kidney donor. He got in touch with the advertiser, who turned out to be a fairly senior official of the Defence Ministry's Bharat Dynamic Limited. He underwent a number of tests for compatibility. He was then housed in the official's residence for a period of three months, during which he was given excellent food and some cash. Meanwhile, Nihar started asking for some kind of surety about getting a job after his kidney was removed. At this point the official gave him a signed promise, that not only would Nihar get a permanent government job in Bharat Dynamic Limited, but would also get an amount of Rs 30,000 in return for his kidney. The operation was finally performed at Apollo Hospital, Hyderabad, on August 14, 1991. However, after the surgery was over, the attitude of the recipient changed and he refused to give Nihar any monetary compensation or the job that he promised him before the surgery. In the end Nihar had neither a job nor a kidney!

Source : Indian Express, July 1st, 1992.

A Review of the Western Experience with Respect to Organ Trade

In several Middle Eastern countries there are strict laws against the trading of live organs, which is considered to be a criminal act. Both in UK, USA, and several European countries transplants are carried out only through cadaver donations. Although, there is no trade of organs within these respective countries, there are increasing number of cases of international trafficking of organs mostly with relatively poorer countries. There are about 7,000 people with renal insufficiency, in Germany, awaiting life saving kidney transplants. In the light of this, agencies dealing in this trade have initiated efforts to identify potential donors in the Muscovite region. These organs will come from living persons for monetary considerations.

Given this scenario, there has been concern at the international level which has prompted WHO (World Health Organisation) to formulate a directive to all its member states, to frame necessary laws banning trafficking in human organs.

In the light of these reports about commercial dealing of human organs, especially kidneys, there has been considerable pressure on the Indian government, from the WHO, to prohibit this unethical practice. At present, there is no comprehensive legislation to regulate the removal of organs from both living as well as deceased persons, for the purpose of transplantation. The government introduced *The Transplantation of Human Organs Bill*, in August 1992, in order to curb the trade of human organs as well as to promote cadaver transplants in this country. The Bill also provides some guidelines for registering, as well as, regulating private hospitals which have erstwhile been involved in conducting organ transplants.

II. SALIENT FEATURES OF THE BILL

Objectives of the Bill

This Bill was formulated to provide for the regulation of removal, storage and transplantation of human organs for therapeutic purposes and for the prevention of commercial dealings in human organs. The Bill also defines the provisions for a) coverage b) an authority for the removal of organs c) regulation and registration of hospitals which will carry out transplants and d) penalties and offences.

a) Coverage

This Bill applies in the first instance to the states of Goa, Himachal Pradesh, and Maharashtra, as well as, all the Union Territories. Any other state can adopt this Bill by passing a resolution in their respective legislatures.

b) Authority for the Removal of Human Organs

Human organs can be removed from a donor under the following conditions:

1. Anyone who wishes to donate any organ of his/her body before his/her death, may do so, under proper authorization.

2. Anyone who wishes to authorize the removal of any organ of his or her body, for therapeutic purposes, may do so through a written consent in the presence of two or more witnesses (at least one of whom is a near relative of such a person). The person, who is lawfully in possession of the dead body of the donor, should get in touch with a Registered Medical Practitioner for the removal of the specified organ from the donor's body.
3. In case a person has not given consent for the removal of an organ prior to his/her death but has not expressed any objection to the removal of organs, after death, then the person who is in legal possession of the dead body of such person may authorize the removal of any organ of the deceased, provided there is no objection from any near relative.
4. Only a Registered Medical Practitioner can remove the specified organ from the body of the deceased after ensuring that life is extinct or where it is a case of brain-stem death. If it is a brain-stem death it needs to be certified by a board of medical experts, which consist of the following:
 - i. the RMP in charge of the hospital in which brain-stem death has occurred.
 - ii. another RMP who is a specialist, and has been nominated by the RMP specified in the previous clause, from a pre-specified panel of names.
 - iii. a neurologist or neuro-surgeon surgeon nominated by the RMP specified in clause (i).
 - iv. the RMP treating the person whose brain-stem death has occurred.

In case of unclaimed bodies, in prisons or hospitals, the authority for the removal of organs lies with the management/administration of the institution.

In case of bodies, which have been sent for post-mortem (both medico-legal and pathological cases), organs can be removed for therapeutic purposes by authorised persons under this Act.

5. The Registered Medical Practitioner has to take the necessary steps for preservation of the organs.

c) Regulation and Registration of Hospitals

Regulations :

1. No hospital, unless registered under this Act, shall conduct or associate with the removal, storage or transplant of any human organ.
2. The removal, storage or transplant of human organs should be conducted only at a hospital registered under this Act.
3. Organs should only be removed, stored or transplanted for therapeutic purposes.
4. The recipients as well as the donor should be informed about the side effects as well as the complications of removal and transplantations.

The State governments and Central governments, in the case of Union Territories, must appoint appropriate authorities to :

- a. grant, suspend or cancel registration of hospitals.
- b. to enforce standards for hospitals engaged in removal, storage and transplantation.
- c. to inspect hospitals periodically for quality of transplantations and follow-up medical care to recipients as well as donors.

Registration :

1. A hospital conducting removal, storage and transplantation of organs has to be duly registered under this Act within a period of 60 days of its commencement.
2. A hospital conducting removal, storage and transplantation in the past shall have to cease such activity three months after the commencement of the Act, unless, they have applied for registration during this period.
3. An appropriate authority set up under this Act shall hold an inquiry to determine whether the applicant satisfies all the criterion for registration. The authority has the right to reject applications on the basis of the same criteria.
4. The authority has power to review the conditions of hospital periodically. If there is breach of any of the provisions, the authority can cancel or suspend the registration.

d) Offenses and Penalties

Professionals, middlemen as well as donors who abet the illegal removal, i.e. the storage and transplantation of organs without proper authority, are liable to be punished with imprisonment upto seven years with a fine of not less than Rs 10,000.

III. ALTERNATIVES TO ORGAN TRADE

Alternatives to Organ Trade

The major problem in dealing with the trading of kidneys is that much of the kidney transplants are being done in the private sector. It is pretty clear that there is a well worked out network between some of these hospitals, middlemen, and the donors, who belong to the poorer sections of society. **Dr. M.K. Mani**, a leading nephrologist in Madras, is of the opinion that:

“No money should be involved in organ donation. For that automatically makes it a trade in flesh. Since large sums of money is involved it tends to draw brokers, middlemen, as well as entrepreneurs.”

Therefore, any effort to control the trade of organs, cannot be done without identifying alternative sources for procuring organs for transplants, as well as, regulating institutions in the private and voluntary hospitals, which perform such transplants.

Cadaver Donation as an Alternative

Cadaver donations is the common practice that is followed in most Western countries for organ transplants. In all these countries organs can be removed only after brain-stem death has occurred, as required by law. However, a good deal of infrastructure is required to support a cadaver transplant. In the case of a renal transplant, the dead body has to be first moved into a hospital and kept on a respirator so that the blood continues to circulate and the kidneys do not degenerate. This procedure can be followed only in the cases of sudden death. Once the kidneys are removed they can be frozen and kept for a maximum of three days before it can be used for transplants. A computer is used for tissue typing kidneys for donor matching.

Role of Foundations in Promoting Cadaver Donations

Tissue Bank

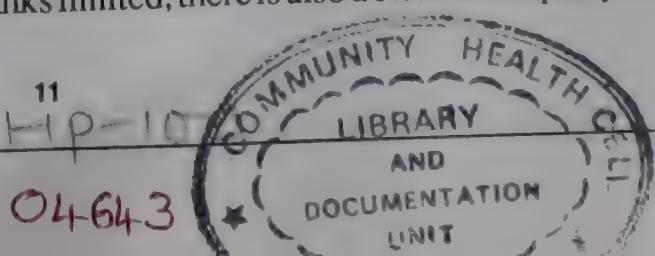
The Tata Memorial Hospital in Bombay established a tissue bank, in 1989, which provides skin, amniotic membrane, nerves, muscle, bone, cartilage and micro vascular grafts. This bank was established in collaboration with the International Atomic Energy Agency in Vienna. The tissues which are obtained from cadavers, are preserved by freeze drying and sterilising through radiation. The preserved tissues can be stored indefinitely since 95% of the moisture in them is removed under vacuum. This process is very similar to that used for dehydrating food products. Radiation further destroys any micro organism that could transfer disease. These tissues can be stored at normal temperatures and can be conveniently mailed to potential users.

Cornea Transplant

Out of 12 million bilaterally blind persons in the country, there are almost 2 million who suffer from corneal blindness. Corneal blindness can be cured by replacing the damaged cornea with another clear and healthy human cornea. This is only possible through eye donation. The eyes must be removed within six hours of death and the Eye Bank should be informed immediately. Following this, the doctor will undertake the simple procedure of removing the eye. After removal, the eyes are analysed, preserved and the cornea is transplanted within 72 hours into the recipient's eyes.

Although, there are Foundations which have an organised cadaver programme to collect corneas, the response is still quite poor. In most hospitals there is a long waiting list for corneal transplants, due to shortage of corneas.

Times Eye Research Foundation (TERF), founded in 1983, has made pioneering efforts in setting up Eye Banks and Eye Collection Centres. In 1983 there were 45 Eye banks in the country, while currently there are 154 Eye Banks and Eye Collection Centres. However, not only is the outreach of these Eye banks limited, there is also a clear inadequacy of people



who pledge their eyes after their death. This lack of donor eyes is primarily due to lack of information, false beliefs and misconceptions.

The following table reflects the poor response as well as paucity of eye banks/collection centres across major states in India.

**Major Eye Donors
from across States**

Table II

State	Number of eyes
Gujarat	3381
Maharashtra	2186
Delhi	644
Punjab (only one Eye Bank)	450
Karnataka (Lion's eye Hospital, Bangalore)	445
Tamilnadu	396
Andhra Pradesh (L.V.Prasad eye Institute, Hyderabad)	224



*Source: Health For The Millions,
October, 1992. VHAI.*

IV. CRITIQUE OF THE BILL

Most Western countries have banned the trading of organs and only recognize cadaver donations. It has been well documented that there is a flourishing trade of organs in several Third World countries like India, Philippines, Egypt and Hong Kong. The WHO has called upon its member countries to frame laws banning the trafficking and sale of organs in Asian countries. They have also called for an active promotion of cadaver donations in these countries. In response to international pressures, the Government of India has formulated a Bill for Transplantation of Human Organs.

This Bill is meant to check trading of organs through promotion of cadaver donations in the country. Although efforts to promote cadaver donation are positive steps, it is important to look into the adequacy of infrastructure available to carry out cadaver transplants. Additionally, one needs to review whether there are adequate provisions in the Bill, to regulate and check organ transplantations that are being conducted in the private medical sector.

Inadequacy in Coverage

There are several drawbacks to the Bill which need to be delineated, in order to have a comprehensive and effective piece of legislation. Firstly, the Bill does not apply to the entire country and it is left to the discretion of individual states to adopt it. However, states like Goa, Maharashtra, Himachal Pradesh and the Union Territories will automatically fall under the purview of this Bill. The major problem with this is, that it ignores the fact that there is inter-state, as well as, international trading of organs. It is well known that Madras and Bombay are the nerve centres for trade of kidneys and the doctor-broker nexus is so widespread, that some brokers are said to have even inter-state businesses.

The case studies of donors reveal economic compulsions, as well as, the organised network between the donor, doctors and middlemen. It has been well documented that a large amount of money changes hands in the process of organ trade and therefore it is going to be very difficult to eliminate this trade through mere legislation. The inter-state dimensions of this trade, coupled with the inadequate coverage of this Bill, will render this piece of legislation ineffective. This is because, it could lead to a situation wherein, those states which are not covered by the provisions of this Bill, may become alternative centres for organ trade.

Private Hospitals and Organ Trade

A major loophole of this legislation stems from the fact that, it fails to understand the dynamics of the private sector, where a majority of these transplants are carried out. It is well known that, in this country there is a large, unregulated private sector in medical care, which comprises of institutions of varying sizes, facilities as well as outreach. Given this scenario, the efficacy of a clause in this Bill to regulate the private hospitals and nursing homes conducting organ transplants, is questionable. Firstly, it is only the larger, more well equipped

hospitals, located mainly in big cities, which are publicly known to carry out organ transplants. Apart from these larger hospitals, there are also a number of smaller, ill equipped nursing homes which have mushroomed in the past few years, for the purpose of transplants. Most of these operate under cover for buying, selling, and transplant of organs. Additionally, due to lack of a proper registration process, there is inadequate information of the numbers and magnitude of such institutions involved in this trade.

The Bill proposes to make mandatory the registration of all institutions conducting transplants, as well as, setting up authorized bodies to enforce registration and prescribe minimum standards. **But the crucial question that arises is - how effective can such an authority be, when to date, the private sector has resisted any form of regulation or control, either in terms of checking its growth, or quality of services it renders?**

This heterogeneity of size and facilities in the private sector raises the following concerns:

1. There is very limited information on the number of institutions conducting organ transplants. Nor is there adequate information available on whether they are meeting the necessary requirements for removal, storage and transplantation of organs. The Bill does not spell out the requirements for surgical removal, transplant, post-operative care and professional competence. Since there is very little information on institutions conducting transplants, the question that arises is - how does the Bill propose to regulate these institutions?
2. The Bill states that only a Registered Medical Practitioner (RMP) can remove an organ from a deceased body. However, the term RMP is a non-specific title and can even include unqualified persons. Therefore, it is essential that the required qualifications of the professional are clearly spelt out in the provisions of this Bill.

The issues concerning regulation of private institutions conducting transplants needs to be dealt with more effectively because it is the key for curbing the trade of organs. It is also important to be in the know of institutions conducting transplants, in order to promote as well as encourage cadaver donations.

The importance of a sound legislation need not be understated in the face of the various loopholes, that have been highlighted in the Bill. On the contrary, we do need an effective piece of legislation, which would curb organ trade. This can be effected by ensuring total coverage and adopting stringent measures to regulate and monitor hospitals, in the public as well as private sector, which carry out transplants.

Is Cadaver Transplant a Viable Alternative?

This Bill is basically concerned with cadaver donation and does not adequately address the prevailing practice of trading of organs for unrelated donor transplants. In fact the Bill seems to assume that, by promoting cadaver donation, it will serve to eliminate organ trade. This in our opinion is a simplistic understanding of the situation.

In this Bill, cadaver donation is being posed as an alternative to trading of organs. The question is, whether hospitals have the required inputs for the process of organ transplants. This includes removal and storage of organs, the required tests for tissue matching, expertise for surgical procedures and post-operative care. Several doctors who want to encourage the cadaver donation programme are of the opinion that its success is contingent on ensuring required provisions in the hospitals which will be authorised to carry out such transplants. In addition, one needs to strengthen organisations like the Times Eye Foundation, Kidney Foundation of India and others which have been trying to encourage cadaver donations.

Mere legislation, in the absence of informed public opinion, will be a meaningless exercise. There is a need for debate, among professional and legal bodies, foundations, health and consumer action groups, regarding the future of organ transplants in this country. The government must provide information regarding all the institutions it recognizes for the purpose of transplants in order to promote better networking. Professional medical bodies need to play a critical role in monitoring the success and failure rates of transplants in the country.

The Voluntary Health Association of India (VHAI) is a secular, non-profit federation of over 3000 organisations working in the field of health and community development. VHAI strives to make health a reality for all, especially the unreached and the oppressed.

VHAI fulfils these objectives primarily through training and by providing information to the target groups. In support of its objectives, VHAI also develops and distributes appropriate educational aids to the organisations serving at the grassroots. Linking up these organisations through its newsletters and journals also constitutes an important activity of VHAI.

VHAI researches into and campaigns on relevant and important health issues to ensure that a people-oriented health policy is brought about and effectively implemented. VHAI also works to sensitise the large public towards a scientific attitude to health.



Voluntary Health Association of India
Tong Swasthya Bhavan
40, Institutional Area, Near Qutab Hotel
New Delhi 110 016, INDIA
Phones: 652953, 655871, 665018, 668071, 668072